

This form must be filled out completely, signed, and returned to your coach who must then send them to the festival director. If this document is not received, the student/athlete will not be allowed to participate in the World Class Lacrosse Youth Festival @ Choate. Your prompt attention to this requirement is appreciated.

## WCL Youth Lacrosse Festival @ Choate

### INSURANCE INFORMATION

**Player's Name** \_\_\_\_\_ **Team** \_\_\_\_\_

Coverage for accidental injury is required by all participants. In most cases, family health and/or lacrosse program insurance is adequate.

**Insurance Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_

### Emergency Medical Treatment

I (we) being the legal guardian(s) of the applicant, authorize World Class Lacrosse, Choate Rosemary Hall, it's staff, directors, referees, or agents to request medical treatment, as necessary, to insure the well being of our son or daughter.

**Participant's Name** \_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Emergency telephone #(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Tel (day)** \_\_\_\_\_ **Tel (evening)** \_\_\_\_\_

### Waiver and Release

I (we) the undersigned, for ourselves, our heirs, executors, and administrators; waive, release, and forever discharge World Class Lacrosse, Choate Rosemary Hall, it's staff, directors, agents, referees, representatives, employees, successors, and assigns of and from, all rights and claims for damages, injury, or loss due to negligence or not.

**\*Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing this application, I certify that my son and or daughter is physically fit and is capable of playing lacrosse and has no known medical problems. My response to the below (2) statements is affirmative (yes).

**\*1. My son has had a satisfactory physical within the last year**

**\*2. My son has permission to compete in the WCL Festival @ Choate**